## 2006 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Feb 24, 2006 08:00 AM DOCUMENT # S94613 **Secretary of State** t. Entity Name NORGEN OF PALM BEACH CORP. Principal Place of Business Mailing Address 7851 S. MILITARY TRAIL 7851 S. MILITARY TRAIL LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0308146 \$8.75 Addittonat 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent NEGRON, DANIEL DO NOT WRITE 7851 S. MILITARY TRAIL LAKE WORTH, FL 33463 IN THIS SPACE 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 11000000445680 FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 03/07/06-80058-016 158.75 10. OFFICERS AND DIRECTORS TITLE NEGRON, DANIEL NAME STREET ADDRESS 7851 S. MILITARY TRAIL CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

## IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICMATI IDE.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITCE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daniel Negron P

561-737-8442

Applied For

Not Applicable